

| POSITION                  | INITIALS  | ID NO.      | DATE            |
|---------------------------|-----------|-------------|-----------------|
| FEE DETERMINATION         | <i>MD</i> |             |                 |
| O.I.P.E. CLASSIFIER       |           |             |                 |
| FORMALITY REVIEW          | <i>SA</i> | <i>1095</i> | <i>12-01-01</i> |
| RESPONSE FORMALITY REVIEW |           |             |                 |

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
= ..... Allowed      I ..... Interference  
- (Through numeral) ..... Canceled      A ..... Appeal  
+ ..... Restricted      O ..... Objected

| Claim    | Date     |
|----------|----------|
| Final    |          |
| Original |          |
| 1        | 02/28/11 |
| 2        | 06/13/03 |
| 3        | 07/03/03 |
| 4        | 03/01/04 |
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| Claim    | Date |
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| Claim    | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

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